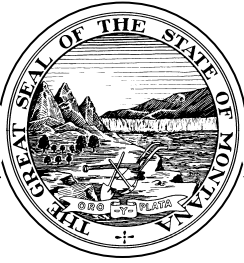


DEPARTMENT OF ADMINISTRATION  
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER  
GOVERNOR

ANNIE M. GOODWIN  
COMMISSIONER

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## STATE OF MONTANA

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301 SOUTH PARK, SUITE 316  
Helena, MT 59601

CSBS ACCREDITED 2004  
(406) 841-2920  
(406) 841-2930 FAX

### MEMORANDUM

TO: Montana Sales Finance Licensees

FROM: Department of Administration  
Division of Banking and Financial Institutions

DATE: October 8, 2008

RE: 2009 Annual License Renewal

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Montana law requires that Sales Finance Licenses be renewed annually. **Renewal forms must be received no later than December 1, 2008.** Enclosed is the 2009 renewal application form. Complete in full and return to the Division with the \$100.00 renewal fee, payable to the State of Montana.

It is the responsibility of each licensee to accomplish renewal of its license. **Failure to return completed renewal form by December 1, 2008 will result in non-renewal of the license.** Additionally, you will be required to submit a new application with appropriate fees and go through the application process to resume business. Please be advised that any activity that may occur during the processing period would be a violation of state law.

If you have any questions, please contact Donna Zollinger or Linda Leffler at:

Telephone No. - 406-841-2920

Fax No. - 406-841-2930

E-Mail - [dzollinger@mt.gov](mailto:dzollinger@mt.gov) or [lleffler@mt.gov](mailto:lleffler@mt.gov)

Return to:

Division of Banking and Financial Institutions  
P.O. Box 200546  
301 South Park, Suite 316  
Helena MT 59620-0546

**2009 APPLICATION  
SALES FINANCE LICENSE RENEWAL**

\_\_\_\_\_  
**License Number**

\_\_\_\_\_  
**Date**

To: Department of Administration  
Division of Banking and Financial Institutions  
P.O. Box 200546  
301 South Park, Suite 316  
Helena MT 59620-0546

I hereby affirm the following:

1. The undersigned will continue the business of Retail Installment Sales during the year 2009 and hereby applies for a license. The license fee of \$100.00 is enclosed.
2. The Division of Banking and Financial Institutions has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been and will continue to be in accordance with the provisions of the Montana Retail Installment Sales Act (Act). I acknowledge that I have read and understand the Act and will share these regulations with our employees to be in compliance at all times. Please be advised that copies of the Act are available upon request by contacting the Division at (406) 841-2920 or online at <http://banking.mt.gov/salesfinance.asp>.

Licensee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Home Office Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

If not located in Montana, name and address of Montana Registered Agent:

\_\_\_\_\_

\_\_\_\_\_  
In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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The following must be completed by a Notary:

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

Before the undersigned, a Notary Public, personally appeared:

the authorized official of this licensee, to me known, who acknowledged that they executed the foregoing renewal application for the purpose therein mentioned on \_\_\_\_\_ (date).

\_\_\_\_\_  
(Signature of notarial officer)

\_\_\_\_\_  
(Name – typed, stamped or printed)

\_\_\_\_\_  
(Title and Rank)

\_\_\_\_\_  
(Residing at)

My commission expires: \_\_\_\_\_

(Seal, if any)